Minutes
Substance Abuse and Child Safety Task Force
June 25, 2014 – 1 P.M.
Indiana Statehouse – Room 431

Members Present: Cathy J. Boggs, Community Health Network; Suzanne F. Clifford, Community Health Network; C.J. Davis, Four County Counseling Center; Mindi Goodpaster, Marion County Commission on Youth; Cathleen Graham, IARCCA, an Association of Children & Family Services; Senator Randy Head, Chair; Lt. Kevin Hobson, Indiana State Police; Marc D. Kniola**,** Indiana Department of Correction, Division of Youth Services; Suzanne O'Malley, Indiana Prosecuting Attorneys Council; Lisa Rich, Indiana Department of Child Services; Jessica Skiba, Indiana State Department of Health; Letecia Timmel, Otis R. Bowen Center; Carey Haley Wong, Child Advocates

Members Absent: Sirrilla Blackmon, FSSA - Division of Mental Health and Addiction; Chief Stan Holt, Batesville Police Department; William G. Wooten, MD; Holly Walpole, Professional Licensing Agency

Staff Members Present: Mike Brown, Indiana State Senate

Call to Order: 1:01 P.M.

Opening Statements:
Senator Head welcomed the guests and each member introduced themselves.

Presentation – IU School of Social Work:
Indiana University Professor John Gallagher (PhD, LSW, LCAC) presented to the Task Force along with MSW students, Nicole Leiter and Emily Sussman. Also testifying was Michael Deranek (MSW, LSW – Bashor Children's Home).

Dr. Gallagher began by going over the objectives of the presentation and how the presentation is broken down into three topics.

Topic 1: History of social work and juvenile justice – "Beginning in the mid-to-late 1960s, public opinion about the challenge of crime and delinquency began to change. These changes introduced some friction between traditional social work values and the goals and mission of the criminal justice field" (Reamer, 2004, p. 217). The 1980s saw a decline in agencies and social work education for practice in juvenile justice. In the 2000s we saw the expansion of problem-solving courts. All in all, in 1951 12% of social work practitioners were employed in the justice system. By the 1990s, it was only 1.2%, and currently it is less than 1%.

Topic 2: Barriers why students may not pursue social work in juvenile justice –Nicole Leiter and Emily Sussman testified about a recent survey they conducted where they asked IU students and professors about interest in juvenile justice and social work. Overall barriers included: misconceptions about they have to know what it's like to be (or grow up around) juvenile offenders in order to help them out, misconception that juvenile

justice is punitive and not rehabilitative, licensing barriers to earning credentials upon graduation, e.g., in a field like probation, one-on-one work with juvenile clients is not considered "clinical", misconception that students have to be trained in criminal justice, and students have little exposure to criminal justice/juvenile justice coursework. Additionally, very few MSW programs have criminal justice (forensic) concentrations.

Topic 3: How do we solve issues – Problem solving courts are based on the theory of therapeutic jurisprudence and is a nonadversarial approach. Incentives include catching kids doing the right thing (giving a $5 gift card) versus catching them doing the wrong thing. These courts offer a continuum of treatment, provider for frequent and random drug testing, and forge partnerships within the community, among other things.

- Senator Head asked how problem solving courts are implemented in rural Indiana since caseloads are high. Dr. Gallagher said that this is a challenge and mentioned how Texas has a very good model system.

Indiana is the only state that certifies programs to make sure that they are operating the way that they should. Three of Indiana's 92 counties currently have juvenile problem solving courts (Howard, Lawrence, and Owen [planning stages]). Dr. Gallagher mentioned that there are some federal dollars available to help start problem solving courts. Additionally, a cost evaluation of a juvenile drug court in Maryland reported a net savings exceeding $5,000 per participant over two years.

- Sen. Head asked who takes on cost savings from family dependency courts? Dr. Gallagher said that the cost savings is applied to less recidivism, less in the local court system, etc.

Dr. Gallagher mentioned a proposed amendment to the Indiana Code requiring Indiana counties to have problem solving courts based on population.

Mike Deranek spoke about supporting a juvenile's transition back into the community.
The goal is to keep youth in the community and involve the parents as much as possible. A trauma focused approach (cognitive behavioral therapy) is an evidence-based intervention used to treat juveniles and their families. This type of approach is important because 90% of people receiving mental health treatment in the US have had multiple traumatic experiences (Mueser et al., 1998).

Children can be helped transitioning back in the community by family therapy techniques focused on improving communication and encouraging changes in environment. Barriers to this include: services not starting on time, inconsistent services, home environment not changing, and lack of support from the family.
Finally, we can help children cope with unhealthy environments by keeping them close to home, increasing availability and quality of services, early intervention, and help children improve their socio-economic status.

- Marc Kniola mentioned that DYS is happy to have IU students visit state juvenile facilities. The students responded that this type of exposure is a critical element and that they are happy to visit.
- Suzanne Clifford – How do we work to grow MSW field – we need more MSW students? Dr. Gallagher said IU does a good job setting students up for internships. It begins with the university.
- Cathleen Graham – Regarding waiting lists, are you seeing waiting lists? Do you have issues finding licensed clinicians? Mike said yes to both questions.
- CJ Davis – What's the percentage of practice in rural areas, and what can we do to encourage rural students to come to rural areas? Mike said that it starts with education. Dr. Gallagher said that the ones that come from more rural areas tend to go back to rural areas. Also, if students can receive supervision and receive tuition reimbursement then they may be more likely to go into the rural setting. Letecia Timmel agrees.

- Sen. Head. – Would you be happy to invite students to see a juvenile justice facility? Dr. Gallagher said he would be happy to.

Presentation – Department of Correction:

Vicki Burdine, MD (Indiana Regional Director of Psychiatry for Corizon) presented to the Task Force on the topic of DOC services available for juveniles who need mental health or substance abuse treatment.
Dr. Burdine stated that everyone who enters DOC is assessed for mental health issues, and treatment plans are individualized. Furthermore, mental health and substance abuse assessments are used to determine placement in appropriate IDOC facilities. Treatment interventions include: individual therapy, group therapy, psychoeducational groups, and psychotropic medication treatment.

Corizon facilitates mapping-enhanced counseling created by Texas Christian University:

- For example, the Treatment Readiness and Induction Program (TRIP). TRIP helps engage youth in the treatment process upon their arrival to DYS. TRIP also engages youth in improving life skills and decision making and in strengthening their commitment to remaining in treatment in order to fully address their treatment goals.

Corizon also facilitates SAMHSA-approved evidence–based group therapy:

- Dialectical Behavior Therapy (DBT) is cognitive behavioral therapy designed to help people improve emotional regulation and reality testing. There are-four primary areas of treatment focus: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.
- Moral Reconation Therapy (MRT) focuses on 7 primary treatment areas: Confrontation of beliefs, attitudes and behaviors; Assessment of current relationships; Reinforcement of positive behavior and habits; Positive identity formation; Enhancement of self-concept; Decrease in self-indulgence and development of frustration tolerance; and Development of higher stages of moral reasoning.

Substance Abuse Intervention referrals are based on scores using the following screening tools: SASSI; TCU Drug Screen II (TCUDS); TCU Motivational Scale (TCU MOTFORM); and a student self-report use/abuse of substances. According to level of risk and need in this area, youth may be assigned: Substance Abuse Psychoeducational Programming; Advanced Relapse Prevention; and Specialized Addiction Recovery Treatment.

- Advanced Relapse Prevention is for students with severe substance use disorders, who receive an additional level of intervention to build on the coping skills learned and to maintain sobriety in the community setting. It is led by Addiction Recovery Staff using materials and groups based upon TCU evidence-based Maps and Modules.

Youth who require intensive addiction recovery intervention are evaluated and placed into the CLIFF Therapeutic Community Program at the Logansport Correctional Facility. Once they are admitted, there are a couple expectations, 1) youth will complete three phases of treatment, and 2) completion of a Release Level Phase before returning to the community. The ultimate goal is that treatment needs will continue to be addressed in the youth's community. For example, follow up appointments are scheduled before youth are released, youth receiving psychotropic medications receive one month of medication at release, and some students are placed into Residential Treatment Units at release. However, community resources for ongoing mental health and addiction recovery are limited.

There are no statistics on how many juveniles have substance abuse problems, but Dr. Burdine would imagine that number to be around 70 percent. Reentry programs do look at where youth are going back to and IDOC researches those areas.

Corizon mental health staff provide specialized training to DYS staff on an ongoing basis, including: Trauma Informed Care; Motivational Interviewing; Suicide Prevention; MH Specialist Training; and Making a Change Academy. In addition, Corizon mental health staff participate in weekly Multidisciplinary Treatment Planning Meetings and assist on units and CARE teams. They are also available for crises intervention or de-escalation on an as needed basis.

DYS is working on video conferencing to promote family therapy. If there is no computer at home, then in some instances family members can go to the probation officer's office to use the computer and the internet.

- Suzanne Clifford mentioned that we should get all telepsychiatry systems on the same page.
- Senator Head mentioned that there is this stereotype that DOC is crowded and on a tight budget so how do we fix this. One of the biggest challenges is that kids fail other treatment and where does DOC send them after. DOC has a problem with community mental health centers. Also, Senator Head asked about college student barriers. The answer was in part due to a lack of supervisors at IDOC facilities.
- Corizon added that they have ongoing development of partnerships with colleges & universities for practicum experiences.

Mike Dempsey (DYS) – Some kids are being committed to DYS just to address mental health issues. There are competency issues with kids in the DOC. There are adequate adult competency laws but not for youth.

- Marc Kniola: Increasing community transition programs is a good idea.

It was also mentioned that youth are all too often placed in DYS because they have mental health or addiction issues. This raised concerns with Task Force members and the presenters since DYS is essentially being looked at as a treatment facility.

Presentation – Department of Child Services and Office of the Attorney General:

Lisa Rich with the Department of Child Services and Matt Light with the Office of the Attorney General presented on the topic of Substance Abuse – Methamphetamine and Child Neglect.

Each year DCS receives over 170,000 reports of child abuse and neglect, and drug abuse is a major contributing factor.

On October 31, 2014 DCS and the Indiana Attorney General's Office (OAG) were among the roundtable participants when the OAG and the Noble County Prosecutor's Office co-hosted an interstate summit in Kendallville, Indiana to help address the rise in meth use and labs. In 2012, there were 372 children affected by clandestine lab environments. DCS handles treatment for parents to try and reunify family; however, we need laws to address the issue on the front end.

The National Precursor Log Exchange (INPLEx) is a real-time electronic logging system used by pharmacies and law enforcement that tracks the sale of drugs used to make meth and is a necessary step toward battling

Indiana's meth problem. In 2011, the Indiana General Assembly passed a law passed requiring retailers to submit ephedrine sales information to INPLEx.

In September 2013 a statewide public awareness campaign was launched with the goal of sending a warning to those who buy certain medicines for the purpose of making meth amphetamine. This voluntary educational campaign aims to increase public awareness about the criminal enterprise known as "smurfing" — the practice of purchasing cold and allergy medicines containing pseudoephedrine (PSE) to sell to methamphetamine cooks.

Finally, the speakers noted that there is a question regarding whether there is a link between meth lab arrests in particular parts of the state and DCS involvement in those areas. What the speakers do know is that the Commission on Improving the Status of Children is working toward answering this and many other questions associated with substance abuse and child neglect.

- Kaarin Lueck – Is the START program for only children with substance abuse issues? A: No, it's not just for substance abuse issues.

Subcommittee Reports:

Subcommittee on addiction issues and suicide prevention –

- (Mindi Goodpaster and Suzanne Clifford): Will be looking at prevalence on youth suicide, and will look at overlay of services. Also, they want to look at data on youth substance abuse and where the problems lay. Things need to be targeted.

Subcommittee on increasing access for mental health and substance abuse services in the Department of Correction –

- (Marc Kniola and Kaarin Lueck): Will look into the issue of children coming into IDOC when they should not be in there to begin with. For example, if adults are incompetent they get treated and then tried, but there is no way to deal with incompetent kids. We need to explore when it is appropriate for youth to be placed in IDOC.

Subcommittee on increasing access to mental health/substance abuse services regardless of ability to pay (identifying barriers to Medicaid) –

- (Cathy Boggs and CJ Davis): We need to look at transportation issues for youth and families seeking treatment. What is the amount of uncompensated care provided by clinicians? How many children do not receive treatment because of barriers?

Sen. Head would like each subcommittee to give questions to ask the Data Sharing and Mapping Task Force, concrete suggestions on how we can fix the system, and begin thinking about speakers and issues for future meetings.

Next Meeting Date:

Mike Brown is to email the members about the next meeting date and to get subcommittees moving.

Adjourn:

- 3:15 P.M.